APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE

Title:: PATIENT ENCOUNTER ELECTRONIC

MEDICAL RECORD SYSTEM,

METHOD, AND COMPUTER PRODUCT

Attorney Docket Number:: 243847US23CONT

Total Drawing Sheets:: 29

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: United States
Status:: FULL CAPACITY

Given Name:: Thomas

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Virginia

Country of Residence:: United States

Street of Mailing Address:: Commonwealth Orthopaedics &

Rehabilitation

1850 Town Center Parkway, Suite 400

City of Mailing Address:: Reston
State or Province of Mailing Address:: Virginia

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 20190

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: United States

Status::

FULL CAPACITY

Given Name::

Mark

Family Name:: City of Residence:: Madden Vienna

State or Province of Residence::

Virginia

State of Province of Residence..

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Country of Residence::

United States

Street of Mailing Address::

Commonwealth Orthopaedics &

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Reston

State or Province of Mailing Address::

Virginia

Country of Mailing Address::

United States

Postal or Zip Code of Mailing Address::

20190

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

22850

REPRESENTATIVE INFORMATION

Representative Customer Number::

22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/818,832	03/28/01